

# The Experience of High Frequency Gambling Behaviour of Older Adult Females in the United Kingdom: An Interpretative Phenomenological Analysis

JULIE PATTINSON<sup>1</sup> and ADRIAN PARKE<sup>1\*</sup>

<sup>1</sup>*Forensic and Clinical Research Group, School of Psychology, University of Lincoln, United Kingdom*

## **Abstract**

The prevalence of older adult female gambling participation and gambling disorder is increasing in the UK, and there is a paucity of published research available to understand possible risk factors for frequent gambling in this demographic. The aim of the current study was to identify and explore motivations and patterns of gambling behaviour in high frequency older adult female gamblers in the UK, from the perspective of individual and in the context of their experience of aging. Ten UK older adult female high frequency gamblers were recruited via stratified purposive sampling, with a mean age of 70.4 years. Data was collected via semi-structured interviews, and was analysed using Interpretative Phenomenological Analysis. Three core themes representative of the experience of this phenomenon emerged from the transcripts including: Filling Voids, Emotional Escape and Overspending. The present study has provided a contextualised understanding of motivating factors and several age-related vulnerabilities which may account for high gambling frequency in this population.

**Keywords:** Older Adulthood, Gambling, Problem Gambling, Interpretative Phenomenological Analysis,

\*Corresponding Author: Dr Adrian Parke, Forensic and Clinical Research Group, School of Psychology, University of Lincoln, Brayford Pool, Lincoln, LN6 7TS, [aparke@lincoln.ac.uk](mailto:aparke@lincoln.ac.uk)

**Author Details:**

Mrs Julie Pattinson

PhD candidate (submitted), MSc Clinical Research, BSc Psychology with Clinical Psychology

Forensic and Clinical Research Group

School of Psychology

University of Lincoln

Brayford Pool

Lincoln

United Kingdom

LN6 7TS

[jpattinson@lincoln.ac.uk](mailto:jpattinson@lincoln.ac.uk)

01522 880000

Dr Adrian Parke

PhD Psychology, MSc Social Science Research Methods, BSc Social Psychology

Forensic and Clinical Research Group

School of Psychology

University of Lincoln

Brayford Pool

Lincoln

United Kingdom

LN6 7TS

[aparke@lincoln.ac.uk](mailto:aparke@lincoln.ac.uk)

01522 886376

## **Abstract**

The prevalence of older adult female gambling participation and gambling disorder is increasing in the UK, and there is a paucity of published research available to understand possible risk factors for frequent gambling in this demographic. The aim of the current study was to identify and explore motivations and patterns of gambling behaviour in high frequency older adult female gamblers in the UK, from the perspective of individual and in the context of their experience of aging. Ten UK older adult female high frequency gamblers were recruited via stratified purposive sampling, with a mean age of 70.4 years. Data was collected via semi-structured interviews, and was analysed using Interpretative Phenomenological Analysis. Three core themes representative of the experience of this phenomenon emerged from the transcripts including: Filling Voids, Emotional Escape and Overspending. The present study has provided a contextualised understanding of motivating factors and several age-related vulnerabilities which may account for high gambling frequency in this population.

**Keywords:** Older Adulthood, Gambling, Problem Gambling, Interpretative Phenomenological Analysis,

## Introduction

Women are emerging as a growing subgroup of gamblers (Hing, Breen, Gordon & Russell, 2014; Holdsworth, Nuske & Hing, 2015; Welte, Barnes, Wieczorek, Tidwell & Hoffman, 2007). Boughton and Falenchuk (2007) stated that gambling is fast becoming a mainstream activity for women. Arguably there has been a feminisation of gambling, which has been effective in increasing female participation in gambling and increasing the prevalence of female problem gamblers (Volberg, 2003). Gambling amongst women is of concern, given the subgroup's preference for Electronic Gaming Machine (EGM) gambling, and the established link between EGM gambling and gambling disorders (Hing & Breen, 2001; Productivity Commission, 2010).

It is emerging that problem gambling is not a male dominated disorder as is currently reflected in the literature (Volberg, 2003). Problem gambling literature in the 1990's built a profile of the male gambler to be the population norm (Mark & Lesieur 1992; Volberg, 2003). Furthermore, Westphal and Johnson (2003) stated that because of the historical predominance of males with gambling disorders, the effect of gender on comorbidity has been insufficiently studied. However, research into gambling and gambling disorders amongst women has not kept pace with the increase in the prevalence of female problem gambling observed in recent studies (Holdsworth et al., 2012).

According to Rich (1998) females who develop a gambling disorder are likely to have experienced traumatic life events in the past including loss of a parent at an early age, alcoholism and/or emotional neglect from one or both parents. Women with gambling

problems often have a family or personal history of trauma and abuse including physical or sexual abuse in childhood and these are known to be precipitating factors in the development of problem gambling (Jacobs, 1988; Lesieur & Blume, 1991; Petry et al., 2005; Specker, Carlson, Edmonson, Johnson & Marcotte, 1996).

Emerging research on gambling and problem gambling across older adult populations has highlighted that late-onset problem gambling is associated with 'escape' gambling; and the majority of escape gamblers were identified as women (McKay, 2005). Fundamentally, 'escape' gambling in women is associated with psychological comorbidity concerns, particularly depression and anxiety disorders (Pierce, Wentzel & Loughnan, 1997).

Women are more likely to commence gambling when in later adulthood, often and when children leave home and caring roles decrease (Grant & Kim, 2002; McMillen, Marshall, Murphy, Lorenzen, & Waugh, 2004). Older women often report playing bingo socially without problems throughout their lives, yet as consequence of ageing, it is proposed older women are likely to gamble more frequently due to retirement, physical health limitations, a break from care-giving responsibilities, and a lack of safe and accessible alternative recreational activities (McKay, 2005).

### *Research Approach*

Tse, Hong, Wang and Cunningham-Williams (2012) proposed that there is a need to conduct more theory-driven qualitative studies to examine complex dynamics amongst older adults, specific game preferences, gambling settings, and the trajectory of changes in behaviour over time. Holdsworth et al., (2015) stated that incorporating qualitative methodology,

such as in-depth interviews, enables participants to articulate their personal experiences, concerns and understandings and is conducive to highlighting gender differences, including a woman's shorter progression to problem gambling.

The aim of Interpretative Phenomenological Analysis is to explore how participants make sense of their private and social world (Smith & Osborn, 2003). The central currency of IPA is concerned with understanding what it is like from the viewpoint of participants, and the meanings of particular lived experiences and events (Smith & Osborn, 2003). Employing IPA will capture a detailed account of the risk factors underpinning problem gambling in UK older adult women. Furthermore, this will enhance understanding of the range of complex issues involved for women who gamble problematically, and will also assist understanding the causes of gambling-related harm for this cohort.

Gambling behaviour and preferences are culturally based, and influenced by the availability and social acceptance of different types of gambling across both genders (Hing & Breen, 2001). Griffiths (2002) stated that because of the multifaceted nature of gambling, multiple levels of explanation of gambling behaviour are necessary, including distal factors, such as physical availability of gambling opportunities and social norms with respect to gambling. This is in addition to proximal factors, such as individual gambling beliefs and values, tendency toward problem behaviours, and socio-demographic factors (Griffiths, 2002). Reinhartz (1992) commented that it is appropriate to undertake research that is culturally sensitive by employing an appropriate methodology such as in-depth interviews; thus enabling women's stories to be told and voices heard. This study aims to gain the perspective of UK older adult females who are frequent gamblers, and understand

motivations and experiences of gambling behaviour including gambling-related harm. This study will aim to identify factors that account for frequent gambling within this population, and explore them in their cultural and behavioural context.

## **Methods**

### *Sample and Design*

Ten UK older adult female gamblers took part in this study, with a mean age of 70.4 years and a range of 60 – 80 years. Participants were recruited via stratified purposive sampling. Inclusion criteria, assessed via self-report, included being a female over 60 years, a permanent UK resident and gambling at least once per 14 days. Participants were recruited from commercial gambling establishments within the East Midlands region of the UK. Although the participants may appear to have significantly varied demographics, there was considerable consistency in relation to their perceptions of their social and environmental circumstances. Essentially, the participants reported to experience age related health problems, and experiences of social exclusion from the wider community. See Table 1 for a detailed summary of participant demographics.

*INSERT TABLE 1 HERE*

Data was collected via semi-structured interviews, with an average duration of 92 minutes. Interviews were audio-recorded in the participants' homes and transcribed verbatim. The objective of the study was to accumulate rich data about the lived experiences of UK older adult women that gamble regularly. The interview was structured to explore the experience of gambling and its relationship with the physiological and psychological consequences of

participation. The semi-structured interview questions were neutral and devoid of any pre-determined assumptions about the phenomena under investigation. Although each interview cascaded organically, in terms of questions asked and the exact phrasing of questions, similar lines of questioning were asked across all participants. For example: *How do you feel when you play bingo? Can you describe for me a typical day or evening gambling?* and *What role do you think gambling plays in your life, if any?*

### *Data Analysis*

Interpretative Phenomenological Analysis was performed following the traditional four stage analytical process (*as outlined by* Smith, Flower & Larkin, 2009). Each individual account was considered independently before attempts were made to integrate the emergent themes into a consistent narrative account representative of all ten of the participants (Smith, 2004). Data was observed meticulously, read, re-read and analysed line by line, with notes being made through a free textual analysis, and for each interview a framework of themes was produced (Rodriguez & Smith, 2014). Subsequent to all ten interviews being analysed in this format, attempts were made to identify consistent patterns across the framework of themes to detect the core elements of the experience of frequent gambling for this cohort. As themes were clustered together, superordinate labels were created that suitably represented the themes within each category. Once a final framework of themes, representative of all ten participants' experience, was produced a dual assessment of validity was conducted. Firstly, the lead author returned to the raw data to evaluate whether the clustering and structural organisation of themes produced was still reflective of participants' accounts. Subsequently, the second author evaluated the



analytical steps taken, and interpretative development of the themes, as the study progressed.

### *Ethics*

Ethical clearance to conduct the research study was received from the School of Psychology Research Ethics Committee (SOPREC) at the University of Lincoln. All participants provided informed written consent before participating in the study.

### **Results**

After analysis, three core themes emerged that were representative of the experience of gambling for this cohort of older adult women frequent gamblers, including: Filling Voids, Emotional Escape and Overspending. Each of these superordinate themes had two component subthemes as demonstrated in Table 2. Each of these themes will be discussed in detail, to provide an ‘insider’s perspective’ of the experience of this phenomenon.

*INSERT TABLE 2 HERE*

#### ***Filling Voids***

Filling voids was a key characteristic of the older adult female gambling experience.

Essentially, gambling fulfilled psychosocial needs of the participants by, for example, alleviating loneliness through providing a means of socialising that was currently lacking.

The concept of filling voids referred to participants feeling they had a focal point for that day and extinguishing negative thoughts of staying in the house. From the transcripts it

emerged clearly that gambling was an effective way to counteract the perceived loss of meaning and direction of one's life in older adulthood.

#### *A Reason to Get Dressed*

Essentially, participants reported feeling confined to the home, as they felt they had little reason to go outside. Furthermore, it was perceived that increased frequency of gambling exposure was a way to maximise entertainment value when they ventured out. They participated in and prioritised gambling activities that involved human interaction and provided escape from the negative experience associated with their perceived confinement. For example, Mary expressed how gambling helped her emotionally through enabling a temporary absence from the home.

#### Extract 1

*“Mary: Yeah it [Bingo] takes my mind off it you know. And a bit like, because I don’t go out otherwise. I would be stopping in the four walls, which I have been doing you know, even before I had cancer. With all the problems I got losing my mum, losing my step, my real dad, my husband and everything.”*

Gambling facilitated a strong need to relieve social isolation, and in particular the loneliness associated with bereavement. Mary proposed that gambling prevented feelings of entrapment. Fundamentally, gambling was an excuse to leave the house. Retrospectively, participants perceived their gambling behaviour as rational, with the driving force of gambling behaviour proposed as an escape from loneliness and isolation. The filling of the void is reinforced by the realisation that gambling was one of the few available outlets to interact with people of the same age and background.

As well as being a focal point of the day, gambling had the added benefit of being an activity where one is motivated to *get dressed up*. The act of dressing more formally for this cohort was associated with the reinforcement of positive self-esteem. For many dressing up was stated as an important activity as it was perceived to be a mechanism to demonstrate their autonomy.

#### Extract 2

*“Martha: You have got to have a shower, it gets you motivated instead of sloping around in this like I have been in this all day, ...to play bingo I noticed some do dress up, but maybe that is the only way they can be dressed up. I mean instead of just wearing another pair of trousers and a top I have my nails and eye brows done Thursday and my hair done on a Friday.”*

Gambling regularly appeared to consistently enhance positive feelings associated with having a role in society and building self-esteem. For the participants the demonstration of autonomy, and positive feelings of purposefulness, significantly outweighed the negative outcomes of gambling in terms of any monetary loss. Ultimately, using gambling as a method of achieving unmet needs had changed the participants’ perspectives towards gambling. In response the participants have created a dichotomy between gambling for socialisation, which was perceived as harmless, and not really gambling, and gambling motivated by winning money.

#### *Female-Friendly Social Space*

For some participants, filling the void required an environment where they felt welcome and safe. The bingo environment was regularly described as a safe place, and somewhere

women can go alone, frequently, and an environment where everybody is there for the same reason. Essentially, it was perceived as an age appropriate entertainment venue where older women feel comfortable.

#### Extract 3

*“Harriet: If you go in a pub you feel a bit uncomfortable, a woman going in on her own. But no, because there is men there [at Bingo Hall] as well, elderly men there as well you know. I think some of them they are grumpy old buggers. They don’t want to talk, I think well good it’s your loss. But I feel comfortable; I don’t feel as though I have to go with somebody.”*

A safe environment, familiarity, high potential for socialising and a sense of belonging were prominent reasons for bingo gambling. The participants appeared to organise their time around gambling; and have discovered an activity that not only removes negative states experienced but also produces positive rewarding experiences, creating an inner confidence.

#### Extract 4

*“Harriet: Before, I was, I didn’t have enough confidence to talk to people about certain things because I used to think oh my God they will laugh, and I won’t know how to express myself. That’s the top and bottom of the things. With going there [Bingo Hall] it has given me confidence and it has given me the strength to ask anything I want, to ask anybody...there are a lot of people that have the same thing as what happened to me [bereavement, loneliness].”*

The majority of participants reported similar past life experiences; often including violent and mentally abusive relationships. Many participants were experiencing significant personal losses, experiencing abusive relationships and struggling with giving up their careers and entering this new stage of adulthood. Participants frequently reported experiencing poor physical and/or psychological health, and were struggling with the limited support they were receiving. Participants appeared to value highly the ability to interact and develop relationships with peers who have experienced, or are experiencing, similar events. It was evident the participants felt like they *fitted in* well with the other older adults who enjoyed gambling in these establishments, and therefore found these environments very socially rewarding. The bingo hall was seen as one of the few places that they could frequent without feeling self-conscious or unwelcome.

### ***Emotional Escape***

It has emerged clearly from the transcripts that participants often engaged in gambling not just to increase their opportunities to interact socially, and create more focal points to their lives, but also to *emotionally escape* from the age-related negative experiences reported. These negative experiences included increased loneliness after retirement and bereavement, declining physical health and the demanding caring roles that many were providing. Gambling provided temporary emotional respite from the perceived negative experience of aging. The participants perceived that many of these age-related events were inevitable, such as declining physical health, therefore rather than seek to reduce or alleviate the stressors it was more prudent to simply attempt to temporarily escape such experiences. It was presented that as long as they had something to look forward to that

operated as a valve for stress, they would be in a much better position to manage and endure the negative experiences they were currently undergoing.

### *Evoking Positive States*

The participants appeared to make a conscious decision to gamble because they identified that they could disengage from their reality, which was often difficult and challenging for them. The excitement and activity engrossment, alongside the social interaction, that they experienced in the environment was effective in taking their mind off concerns that they had outside of the bingo hall

#### Extract 5

*“Sandy: Yeah you do switch off. You just concentrate on the games themselves you know? It is just a nice thing of not sitting there on your own and thinking oh well and worrying about this that and the other. You just go out and just enjoy yourself.”*

For Mary, (see Extract 6) the break she gets from gambling on EGMs is a pleasurable distraction from her responsibilities of caring for her son on a full time basis. Gambling disengages Mary from her reality of significant responsibilities. The term *break* emphasises that gambling is not perceived as an activity to engage in continuously for no reason, rather it is an effective tool when trying to manage emotions. Mary enters in and out of gambling with participation largely tied to when she *needs her break*. Fundamentally, Mary’s only respite appears to be gambling. A possible consequence of this phenomenon may be an inability to control gambling behaviour to the extent that one would like, when undergoing a particularly difficult time emotionally.

Extract 6:

*“Mary: If I have not been in for a bit it kind of lifts you up you, feel a bit better like but it was same whilst Michael was away [son she cares for at home]. I went to [gambling location] for the morning and I had a go in the slots and that. I won. About £20 I think it was and it was only on normal 10p games like. Normally I put a pound in or whatever. Any way I won 20 quid, I thought, I aren’t putting any more in [but] you keep going and going then you realise it has all gone you think you stupid idiot you know.”*

Many participants described a need for time to be on their own, somewhat in contradiction to previously stated gambling motivations. Although at face value this may be contradictory, it highlights the multiple benefits that were experienced by the cohort from gambling. This apparent contradiction highlights how gambling can also facilitate disengagement from emotional and psychological discomfort through narrowing attention via activity involvement.

Within the transcripts there is an apparent connection between past trauma, coping with loss, grief and the negative experience of retirement. There was an undercurrent of past trauma affecting the self-esteem of these older adult female gamblers. Josie for example, in Extract 7 elucidates her experiences of mental abuse and how she has dealt with these feelings indirectly through gambling.

Extract 7

*“Josie: I give that [confident] aura off but I am not underneath. Believe it or not that is the reason when I came here I needed time on my own and because I thought it was my partner that was bringing me down, I needed time on my own. We separated and I will just tell you quickly I have had two relationships, both long relationships, and both times the men sent my confidence plummeting, so I found I needed ‘my own space.’”*

#### *Peer Understanding and Support*

It is evident is that there was an undercurrent of past trauma, along with coping with retirement, feeling lonely and needing a break from caring responsibilities which continued to drive the participants’ desire for a sense of purpose and self-worth. Although acknowledged by the participants as unwise financially, gambling remained a safe place facilitating the psychological needs of this cohort. Regularly talking to friends and staff, and meeting people in the same situation, appeared to be an effective mechanism to improve their sense of mood and self-esteem.

#### *Extract 8*

*“Harriet: Yes that’s right when I left [work] I felt isolated, because no friends, nothing to get up for and all that lot you know, you lose all contact and that’s the point you know... I think myself, as I say to you, when people are on their own you know somebody talking to you nicely makes you feel good. Yeah that’s what it is, it’s, you’re on your own all the time and the staff over there they are so kind. They are, so you can’t fault them and if you are feeling down they will come and sit with you*



*whilst you are waiting for a taxi and it is the staff they give you a lift. They really do and of course you meet people that are in the same situation as you...[At bingo] You are amongst company. Your dog is everything. You can talk to the dog but the dog can't talk to you. So it makes you lonely, it really makes you lonely."*

An implication of gambling for reasons such as loneliness exposes older adults to an increased risk of gambling-related harm than if there was a different mechanism for meeting one's emotional needs. Essentially, as negative experiences related to aging increased it appeared that the level of gambling participation in the participants also increased. With risk factors such as caring responsibilities, loneliness, retirement, chronic pain, boredom, social isolation and loss of loved ones it is conceivable that many older adults are potentially more vulnerable to becoming addicted to gambling. Furthermore, if gambling behaviour became excessive or problematic, often there are no adults regularly present in their life to notice and intervene and discuss the behaviour with them. For this cohort, there appeared to be limited impact on family, relationships and employment patterns (due to retirement), meaning there were less immediate punishments for losing money through gambling, which may increase the value of the positive reinforcement being experienced. The older adult females in this study often did not have to account for their time as existing friends were also gamblers. Gambling behaviour was also often perceived by their family members as a harmless recreational activity.

### ***Overspending***

Participants stated they budgeted and set a monetary sum that they could afford to lose before they went to gamble, although in practise many participants had difficulty being disciplined to cease gambling after the pre-determined budget was lost.

### *Environmental Facilitation of High Expenditure*

From participants' perspective, the situational characteristics of gambling venues often enticed them to spend. These characteristics were primarily the features of the environment, such as its commercial layout and additional services such as loyalty schemes and refreshment areas. For example, many participants perceived that automated teller machines (ATMs) were placed directly next to slot machines as a ploy to encourage gambling, and the continuance of gambling after reaching their predetermined amount that they could afford to lose. The price of gambling is not a fixed expense, and it emerged clearly from the transcripts that some gambled more than they could afford to lose.

Participants have identified design and operational features at their venue that influenced gambling behaviour, and although aware of these perceived manipulative factors they still chose to gamble. Other perceived factors that encourage overspending included: deliberate walking paths created in the floor layout that take them past the EGM section, change from the concession areas always being provided in coins, and advertising of higher jackpot 'linked' bingo games. For example,

#### Extract 9

*Sandy: Sometimes I do [overspend], at the moment they have got an offer on for a pound but you can win a lot of money. The stamp has to be on your books to play*

*that game, and you know what I mean when the games comes up they put a stamp on. You can win extra money, you know like a thousand pound a line.”*

Mary described the negative consequences of spending more than she could afford whilst gambling ‘*when her head is all over the shop*’. It is evident that the initial motivations to gamble for socialisation can be lost once inside the gambling environment. Potentially, if older adult women are gambling frequently to satisfy a need, they will be exposed more often to the various gambling encouragements, such as promotional offers, in the gambling environment. Moreover, many of the participants indicated that they were often in poor mental states, with many reporting they were occasionally suffering from periods of depression and anxiety. It is probable that older adults may be more at risk of losing control and exceeding their predetermined budgets, making poor behavioural decisions during these periods of impaired mental health.

#### *Lack of Responsible Gambling Awareness*

Participants clearly stated that various marketing strategies and situational factors can encourage excessive behaviour within session. Because bingo is often perceived as a low risk form of gambling, the participants appeared unaware of the risks for problem gambling associated with the activity. From this perspective, raising awareness of disordered gambling, and how to gamble responsibly, may be an important target for this population. For example, in Extract 9, there is a proposition that gambling addiction is less harmful to both the individual and their significant others than other forms of addiction.

#### Extract 10

*“Doris: Bingo ladies will just justify it, but you get to the point at our age, if the bingo ladies are addicted to it and can afford to be addicted to it and it actually gives them a quality of life they enjoy, I don’t think they are doing anybody any harm. If you have got £20,000 pound a year to live on and they want to spend it on bingo, even if they are doing it addictively and it makes them happy, it isn’t causing massive money or emotional problems I think let them get on with it. A bit different with drink cause drink takes everybody with it, drugs that takes everybody with it, your mum, kids everybody gets affected by it. But if grandma wants to go play bingo and she doesn’t want to leave 20 grand to you, let her take it to bingo. She has been here 80 years, it is not hurting her let her get on with it.”*

In the transcripts, it was apparent that this cohort of frequent older adult gamblers would not be supportive if the gambling employees intervened during gambling sessions. There is the perception that problem gambling is not a significant issue in later life. Put simply, it was perceived that given their advanced years, there is less of a need to avoid risk and harm, because they have less responsibility and they have very little else in their lives aside from gambling. If this perception is reflective of the wider older adult population, it highlights a significant challenge in regards to promoting responsible gambling and attempting to assist players in the gambling environment that may be exceeding self-imposed ‘safe’ gambling parameters. This adds further support to the need to improve problem gambling literacy in older adult populations, as a mechanism to safeguard against and mitigate gambling-related harm.

## **Discussion**

The aim of the current study was to identify and explore motivations and patterns of gambling behaviour in high frequency older adult female gamblers in the UK, from the perspective of individual and in the context of their experience of aging. Across the transcripts, three themes emerged consistently that accounted for the behaviour, namely that gambling met unfilled psychosocial needs and provided an effective temporary escape from stressful life events. Thirdly, in response to the many positive and negative reinforcing elements achieved through gambling, the participants also perceived themselves to be vulnerable to overspending when they gambled.

It is clear from the data that the high frequency gamblers in the current study demonstrated significant age-related vulnerability to gambling-related harm. For this cohort, entry into older adulthood has largely been a negative experience, with their later years being characterised by experiences of loneliness, isolation and a sense of purposelessness. Retirement from employment effectively removed their primary social network, and as their families aged their children were less able to visit, and many experienced the loss of their spouse during this period. Moreover, many participants were challenged with caring for relatives, and/or personal age-related physical deterioration that often resulted in restricted mobility. Culturally speaking, the participants perceived gambling as the only available and viable leisure pursuit for older women in their environment. Gambling centres were familiar, safe and welcoming environments where they could venture independently if necessary, and where they were likely to meet peers who were experiencing similar circumstances.

Given the substantial amount of benefits the participants professed to achieve through gambling it is understandable that frequent gambling was not considered to be a risky or

problematic behaviour. Participants perceived that the monetary losses encountered, which often caused personal difficulty, were heavily outweighed by the benefits of gambling. However, it is evident that participants regularly gambled more money than they intended to and this indicates loss of control when gambling. A recent review into motivational functions of gambling identified that gambling to escape negative contingencies, rather than for benefits such as monetary gain, is a primary risk factor for problem gambling (Cookman & Weatherly, 2015). In addition, for this cohort, very little was understood about the risks involved with the gambling activities that they regularly played, and how gambling disorder develops.

### **Limitations**

There are two primary epistemological limitations associated with Interpretative Phenomenological Analysis, including the potential for pre-existing biases to affect researcher interpretation of data, and the reliance upon language to accurately represent participant experiences (Willig, 2013). In response, the lead researcher was vigilant to maintain personal and epistemological reflexivity, regularly evaluating whether interview questioning was leading and whether there was sufficient space for participants to present unanticipated concepts. In order to provide credibility and transparency of the analysis the lead researcher provided an 'audit trail' of the interpretative process for the second author to evaluate in terms of representativeness. Clearly, the data collected is only representative of ten participants and therefore cannot be generalised to the wider population of older adult female frequent gamblers, and therefore it is suggested that further empirical work is engaged in to substantiate and build on the current study. However, it must be noted that

even a small sample can provide important insights into an under-researched phenomenon, if it is presented with enough contextualisation (Smith & Osborn, 2003).

## **Conclusion**

The present study has provided a contextualised understanding of motivating factors for gambling for older women in the UK. In particular, several age-related vulnerabilities emerged which may increase the probability of this population gambling frequently and experiencing gambling-related harm as a result. It is acknowledged that these experiential accounts may not be generalised to the wider older adult population until the same themes are shown to emerge in future empirical studies using representative sample. However, clear impetus has been given for future investigation of high frequency gambling in older adult females. This study has identified potential risk factors for gambling-related harm that are unique to this subgroup, whereas previously there has been no older adult female gambling research in the UK available to understand potential pathways to gambling disorder. Exploration of culturally relevant older adult specific risk factors is integral to improving the prevention and screening for, and clinical outcomes, in older adult gambling disorders (Medeiros, Leppink, Yaemi, Mariani, Tavares & Grant, 2015).

## **References**

Boughton, R., & Falenchuk, O. (2007). Vulnerability and comorbidity factors of female problem gambling. *Journal of Gambling Studies*, 23, 323–334. doi: 10.1007/s10899-007-9056-6.

Cookman, M.L. & Weatherly, J.N. (2015). Investigating possible effects of ethnicity and aging on gambling as an escape. *Journal of Gambling Studies*, published online May 02. doi: 0.1007/s10899-015-9555-9

Grant, J. E., & Kim, S. W. (2002). Gender differences in pathological gamblers seeking medication treatment. *Comprehensive Psychiatry*, 43, 1, 56–62.  
<http://dx.doi.org/10.1053/comp.2002.29857>

Griffiths, M.D. (2002). Adolescent gambling: Risk factors and implications for prevention, intervention, and treatment. In D. Romer (Ed.), *Reducing adolescent risk: Toward an integrated approach* (pp. 223-238). Thousand Oaks, CA: Sage.

Hing, N., & Breen, H. (2001). Profiling lady luck: An empirical study of gambling and problem gambling amongst female club members. *International Journal of Gambling Studies*, 17, 47-69.

Hing, N., Breen, H, Gordon, A., & Russell, A. (2014). Gambling Behaviour and Gambling Risk Factors for Indigenous Australian Women. *International Journal of Mental Health and Addiction*, 12, 1–20. doi:10.1007/s10899-013-9388-3

Holdsworth, L., Nuske, E., & Hing (2015). A Grounded Theory of the Influence of Significant Life Events, Psychological co-Morbidities and Related Social Factors on Gambling Involvement. *International Journal of Mental Health & Addiction*.13, 2, 257-273. doi: 10.1007/s11469-014-9527-9.

Jacobs, D. (1988). Evidence for a common dissociative-like reaction among addicts. *Journal of Gambling Behaviour*, 4, 27-37.

Lesieur, H., & Blume, S. (1991). When lady luck loses: Women and compulsive gambling. In N. Van Den Bergh (Ed.), *Feminist perspectives on addictions* (pp. 181-197). New York: Springer.



Mark, M.E. & Lesieur, H.J. (1992). A feminist critique of problem gambling research. *British Journal of Addiction*, 87, 4, 549-65.

McKay, C. (2005). Double jeopardy: Older women and problem gambling. *International Journal of Mental Health and Addiction*, 3, 35–53.

McMillen, J., Marshall, D., Murphy, L., Lorenzen, S., & Waugh, B. (2004). *Help-seeking by problem gamblers, friends and families: A focus on gender and cultural groups*. Acton: ACT Gambling and Racing Commission.

Petry, N. M., Steinberg, K. L., Burns, P., Lantz, N., McLaughlin, S., O'Hare, C., ... Tourian, K. (2005). Childhood maltreatment in male and female treatment-seeking pathological gamblers. *Psychology of Addictive Behaviors*, 19, 2, 226-229. Doi: [10.1037/0893-164X.19.2.226](https://doi.org/10.1037/0893-164X.19.2.226)

Pierce, M., Wentzel, J., & Loughnan, T. (1997). Male gamblers/female gamblers: Mapping the differences. In G. Coman, B. Evans, & R. Wootton (Eds.), *Responsible gambling: A future winner: Proceedings of the eighth national conference of the National Association for Gambling Studies, Melbourne* (pp. 293–309).

Productivity Commission. (2010, February). *Gambling* (Inquiry Report No. 50). Canberra: Australian Federal Government.

Reinhartz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.

Rich, M. (1998). Women who gamble. *Dissertation Abstracts International (Section B: The Sciences and Engineering)*, 56, 6823.

Rodriguez, L. & Smith, J.A. (2014). Finding Your Own Place': An Interpretative

Phenomenological Analysis of Young Men's Experience of Early Recovery from Addiction. *International Journal of Mental Health & Addiction*, 12, 477-499. doi:10.1007/s11469-014-9479-0

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative psychology. *Qualitative Research in Psychology*, 1, 39–54. doi: 10.1191/1478088704qp004oa

Smith, J.A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith. Ed. *Qualitative Psychology: A practical guide to research methods*, pp 51-80. London: Sage publications.

Smith, J.A., Flowers, P. & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. London: Sage. doi: 10.1080/14780880903340091

Specker, S., Carlson, G., Edmonson, K., Johnson, P., & Marcotte, M. (1996). Psychopathology in pathological gamblers seeking treatment. *Journal of Gambling Studies*, 12, 67-81.

Tse, S.I. Hong, C.W., Wang, R. M., & Cunningham-Williams, R. M. (2012). Gambling behaviour and problems among older adults: a systematic review of empirical studies. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 67, 639–652. doi: 10.1093/geronb/gbs068

Volberg, R. (2003). Has there been a “feminization” of gambling and problem gambling in the United States? eGambling: *The Electronic Journal of Gambling Issues*, 8, May.

Welte, J.W., Barnes, G.M., Wierczorek, W.F., Tidwell, M.O. & Hoffman, J.H. (2007). Type of Gambling and Availability as Risk Factors for Problem Gambling: A Tobit Regression Analysis by Age and Gender. *International Gambling Studies*, 7, 2, 183-198. doi: 10.1080/14459790701387543

Westphal, J.R. & Johnson, L.J. (2003). Gender differences in psychiatric comorbidity and treatment-seeking among gamblers in treatment. *Journal of Gambling Issues*, 8. doi: 10.4309/jgi.2003.8.17

Willig, C. (2013). *Introducing qualitative research in psychology (3rd edition)*. London: Open University Press.

<b>Table 1: Summary of Participant Information</b>	
<b>Mary</b>	65, widowed, self-reported depression, full-time carer of son suffering from Huntingdon's disease.
<b>Dorothy</b>	80, widow, in remission from cancer, currently lives with son
<b>Martha</b>	78, widow, retired and relocated to coastal town away from family
<b>Jackie</b>	63, widow, recently retired to care full-time for husband suffering from dementia
<b>Doris</b>	60, married, self-reported Obsessive Compulsive Disorder, recovering from Alcohol Disorder, been in sobriety for previous 25 years
<b>Josie</b>	63, divorced, lives alone, relocated to coastal town to escape abusive relationship
<b>Harriet</b>	78, recently widowed, has physical mobility problems due to arthritis
<b>Sandy</b>	69, widowed, has large family that has moved away
<b>Vera</b>	76, married, gambles with husband
<b>Doreen</b>	72, married, gambles with husband

Table 2: Thematic Structure of UK Older Adult Female High Frequency Gambling Behaviour	
<b>Filling Voids</b>	<i>'A Reason to Get Dressed'</i> Female-Friendly Social Space
<b>Emotional Escape</b>	Evoking Positive States Peer Understanding and Support
<b>Overspending</b>	Environmental Facilitation of High Expenditure Lack of Responsible Gambling Awareness